

PHA Plans

Streamlined Annual Version

U.S. Department of Housing and
Urban Development
Office of Public and Indian
Housing

OMB No. 2577-0226
(exp. 08/31/2009)

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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

Streamlined Annual PHA Plan for Fiscal Year: 2008_ PHA Names:

TROY HOUSING AUTHORITY NC043
408 South Main Street
Troy, NC 27371
(910) 576-0611

MT GILEAD HOUSING AUTHORITY NC044
c/o 408 South Main Street
Troy, NC 27371
(910) 576-0611

A Joint Plan
For a Consortium

NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.

Streamlined Annual PHA Plan Agency Identification

PHA Name: Troy/Mt. Gilead Housing Authorities

PHA Numbers: NC 043 / NC 044

PHA Fiscal Year Beginning: (mm/yyyy) 10 / 2008

PHA Programs Administered:

☒ **Public Housing and Section 8**

Number of public housing units:

Number of S8 units: See below

☐ **Section 8 Only**

Number of S8 units:

☐ **Public Housing Only**

Number of public housing units:

☒ **PHA Consortia:** (check box if submitting a joint PHA Plan and complete table)

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1: Troy	NC 043	Low Income Public Housing		82
	NC 043	Section 8		25
Participating PHA 2: Mt. Gilead	NC 044	Low Income Public Housing		30

PHA Plan Contact Information:

Name: Ms. Elizabeth Dawkins

Phone: 910 576 0611

TDD:

Email (if available): thaemd@carolina.net

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

☒ PHA's main administrative office ☐ PHA's development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection. ☒ Yes ☐ No.

If yes, select all that apply:

☒ Main administrative office of the PHA

☐ PHA development management offices

☐ Main administrative office of the local, county or State government

☐ Public library ☐ PHA website ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

☒ Main business office of the PHA ☐ PHA development management offices

☐ Other (list below)

Streamlined Annual PHA Plan
Fiscal Year 2008
[24 CFR Part 903.12(c)]

Table of Contents
[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

A. PHA PLAN COMPONENTS

- ☐ 1. Site-Based Waiting List Policies
903.7(b)(2) Policies on Eligibility, Selection, and Admissions
- ☐ 2. Capital Improvement Needs
903.7(g) Statement of Capital Improvements Needed
- ☐ 3. Section 8(y) Homeownership
903.7(k)(1)(i) Statement of Homeownership Programs
- ☐ 4. Project-Based Voucher Programs
- ☐ 5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan. (no changes)
- ☒ 6. Supporting Documents Available for Review
- ☒ 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
- ☒ 8. Capital Fund Program 5-Year Action Plan

ATTACHMENT A - STATEMENT VAWA / and ELIGIBILITY OF STUDENTS

B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

Form HUD-50076, *PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual Plan* identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

Form HUD-50070, *Certification for a Drug-Free Workplace*;

Form HUD-50071, *Certification of Payments to Influence Federal Transactions*; and

Form SF-LLL & SF-LLL a, *Disclosure of Lobbying Activities*.

1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)

[24 CFR Part 903.12(c), 903.7(b)(2)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Site-Based Waiting Lists-Previous Year

1. Has the PHA operated one or more site-based waiting lists in the previous year? **NO**
If yes, complete the following table; **if not skip to B.**

Site-Based Waiting Lists				
Development Information: (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics
		N / A		

2. What is the number of site based waiting list developments to which families may apply at one time?
3. How many unit offers may an applicant turn down before being removed from the site-based waiting list?
4. ☐ Yes ☐ No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

B. Site-Based Waiting Lists – Coming Year

If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, **skip to next component.**

1. How many site-based waiting lists will the PHA operate in the coming year?.....**0**

2. ☐ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
If yes, how many lists?
3. ☐ Yes ☐ No: May families be on more than one list simultaneously?
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
- ☐ PHA main administrative office
 - ☐ All PHA development management offices
 - ☐ Management offices at developments with site-based waiting lists
 - ☐ At the development to which they would like to apply
 - ☐ Other (list below)

2. Capital Improvement Needs

[24 CFR Part 903.12 (c), 903.7 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Capital Fund Program

1. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
2. ☐ Yes ☒ No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

1. ☐ Yes ☒ No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).
2. Status of HOPE VI revitalization grant(s):

HOPE VI Revitalization Grant Status	
a. Development Name:	
b. Development Number:	
c. Status of Grant:	<input type="checkbox"/> Revitalization Plan under development <input type="checkbox"/> Revitalization Plan submitted, pending approval <input type="checkbox"/> Revitalization Plan approved <input type="checkbox"/> Activities pursuant to an approved Revitalization Plan underway

3. ☐ Yes ☐ No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?
If yes, list development name(s) below:

4. ☐ Yes ☐ No: Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:

5. ☐ Yes ☐ No: Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:

3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program (if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

1. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? **(If "No", skip to the next component;** if "yes", complete each program description below (copy and complete questions for each program identified.)

2. Program Description:

a. Size of Program

☐ Yes ☐ No: Will the PHA limit the number of families participating in the Section 8 homeownership option?

If the answer to the question above was yes, what is the maximum number of participants this fiscal year?

b. PHA-established eligibility criteria

- ☐ Yes ☐ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria? If yes, list criteria:

c. What actions will the PHA undertake to implement the program this year (list)?

3. Capacity of the PHA to Administer a Section 8 Homeownership Program:

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.
- ☐ Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.
- ☐ Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):
- ☐ Demonstrating that it has other relevant experience (list experience below):

4. Use of the Project-Based Voucher Program

Intent to Use Project-Based Assistance

☐ Yes ☒ No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? **If the answer is "no," go to the next component. If yes, answer the following questions.**

1. ☐ Yes ☐ No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:
- ☐ low utilization rate for vouchers due to lack of suitable rental units
- ☐ access to neighborhoods outside of high poverty areas
- ☐ other (describe below):
2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

5. PHA Statement of Consistency with the Consolidated Plan

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.

1. Consolidated Plan jurisdiction: (provide name here) **STATE OF NORTH CAROLINA**

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
- ☐ Other: (list below)

3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below) **State of North Carolina**

Based on the State's Consolidated Plan, and the increasing difficulty to sustain public housing units in the state, the Housing Authority is seeking every method and opportunity to preserve existing units and to expand where possible. These actions include maintaining optimum occupancy and seeking additional outside funds, when available, to expand the inventory of affordable low income housing in the area. See North Carolina "Consolidated Plan 2006 – 2010" pp. 180, 191, 192, 201, 281.

6. Supporting Documents Available for Review for Streamlined Annual PHA Plans

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans ;</i>	5 Year and Annual Plans
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans
	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA’s public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
X	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and

List of Supporting Documents Available for Review		
Applicable Display	Supporting Document	Related Plan Component
		Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any policies governing any Section 8 special housing types <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs <input checked="" type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
X	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

ATTACHMENT A

STATEMENT ON VIOLENCE AGAINST WOMEN REAUTHORIZATION ACT (VANA)

The Troy AND Mt Gilead Housing Authorities hereby acknowledge that the reauthorization of the VAWA act of 2005 was signed into law January 5, 2006 as Public Law 109 – 162.

The law protects victims of domestic violence, dating violence, sexual assault, and stalking who reside in public, assisted, and other types of housing and ensures that such victims have meaningful access to the criminal justice system without jeopardizing such housing.

To do so, VAWA amends the 1937 Housing Act. Title VI of VAWA affects the public housing and housing choice voucher (HCV) programs and the Public Housing Program by placing safeguards in the admissions and termination process, including provisions and procedures for certification, confidentiality and notification.

The Housing Authorities are seeking further guidance from the U.S. Department of Housing and Urban Development and others who provide Public Housing regarding the exact language that can be inserted appropriately into the Authority's Administrative Plans. The implications of the Law can effect a variety of policies, procedures and planning processes of this Authority.

Until further guidance is promulgated by HUD, the Authorities will seek to administer the HCV program in keeping with the spirit of subject Public Law as passed including direct reports to the Executive Director of any alleged incidents for action as appropriate.

STATEMENT ON ELIGIBILITY OF STUDENTS ENROLLED IN INSTITUTIONS OF HIGHER EDUCATION

Congress has established new restrictions on the eligibility of certain students(both part- and full – time who are enrolled in institutions of higher education. These restrictions apply only to students applying for or receiving assistance under Section 8 of the U.S. Housing Act of 1937.

The Housing Authority is seeking further guidance from the U.S. Department of Housing and Urban Development and others who provide Public Housing regarding the exact language that can be inserted appropriately into the Authority's Administrative Plans. The implications of Public Law 10 – 115 Section 327 can effect a variety of policies, procedures and planning processes of this Authority. Until then, the Authority will seek to administer the programs in keeping with the spirit of subject Public Law as passed.

7. Capital Fund Program Annual Statement/Performance

TROY HOUSING AUTHORITY

7. Capital Fund Program Annual Statement/Performance

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Troy Housing Authority Summary			Grant Type and Number Capital Fund Program Grant No: NC19P04350106 Replacement Housing Factor Grant No:		Federal FY of Grant: 2006
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3 / 31 / 2008 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	0		0	0
3	1408 Management Improvements	24,911		24,911	24,911
4	1410 Administration	13,455		13,455	13,455
5	1411 Audit	0		0	0
6	1415 Liquidated Damages	0		0	0
7	1430 Fees and Costs	4,800		4,800	0
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	84,716.97		84,716.97	59,110.38
10	1460 Dwelling Structures	473.57		473.57	473.57
11	1465.1 Dwelling Equipment—Nonexpendable	3,000		3,000	3,000
12	1470 Nondwelling Structures	1,842.26		1,842.26	1,842.26
13	1475 Nondwelling Equipment	1,894.20		1,894.20	1,894.20
14	1485 Demolition	00		00	0
15	1490 Replacement Reserve	0		0	0
16	1492 Moving to Work Demonstration	0		0	0
17	1495.1 Relocation Costs	0		0	0
18	1499 Development Activities	0		0	0
19	1501 Collateralization or Debt Service	0		0	0
20	1502 Contingency	0		0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	135,093		135,093	104,686.41
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

7. Capital Fund Program Annual Statement/Performance

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: **Supporting Pages**

PHA Name: Troy Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:				Federal FY of Grant 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	Operations	1406		0		0	0	
	Management Improvements	1408		24,911		24,911	24,911	Complete
	Administration	1410		13,455		13,455	13,455	Complete
	Fees – A/E	1430		4,800		4,800	0	In Prog
NC043	Storm doors	1460		473.57		473.57	473.57	Complete
	Security, Window Screens	1460		0		0	0	
	Cabinets	1460		0		0	0	
	Stoves / Refrigerators	1465		3,000		3,000	3,000	Complete
	Outside Basketball Court/ Landscaping	1450		34,115		34,115	34,115	Complete
	Pavement Repair	1450		1,200		1,200	1,200	Complete
	Site Signs	1450		23,795.38		23,795.38	23,795.38	Complete
	Landscaping	1450		25,606.59		25,606.59	0	In Progress
	Non Dwelling Structures	1470		1842.26		1842.26	1,842.26	Complete
	Non Dwelling Equipment	1475		1,894.20		1,894.20	1,894.20	Complete
				0		0	0	
	TOTALS			135,093		135,093	104,686.41	

[illegible]

7. Capital Fund Program Annual Statement/Performance

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary 2007					
PHA Name: TROY HOUSING AUTHORITY Summary		Grant Type and Number Capital Fund Program Grant No: NC19P04350107 Replacement Housing Factor Grant No:			Federal FY of Grant:
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03 / 31 / 2008 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	27,000		27,000	5604.51
4	1410 Administration	13,970		13,970	9,778.98
5	1411 Audit	0		0	0
6	1415 Liquidated Damages	0		0	0
7	1430 Fees and Costs	7,800		4,800	0
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	68,733		50,000	0
10	1460 Dwelling Structures	0		0	0
11	1465.1 Dwelling Equipment—Nonexpendable	18,000		3,000	3,000
12	1470 Nondwelling Structures	0		0	0
13	1475 Nondwelling Equipment	4,200		4,190	617
14	1485 Demolition	0		0	0
15	1490 Replacement Reserve	0		0	0
16	1492 Moving to Work Demonstration	0		0	0
17	1495.1 Relocation Costs	0		0	0
18	1499 Development Activities	0		0	0
19	1501 Collateralization or Debt Service	0		0	0
20	1502 Contingency	0		0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	139,703		102,960	19,000.49
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation				

7. Capital Fund Program Annual Statement/Performance

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: TROY HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	Operations	1406		0				
	Management Improvements	1408		27,000		27,000	5,604.51	In Progress
	Administration	1410		13,970		13,970	9,778.98	In Progress
	Fees	1430		7,800		4,800	0	In Progress
				0		0	0	
NC 043	Site Improvements	1450		50,000		50,000	0	In Progress
	Air Conditioners	1460		18,733		0	0	In Progress
	Stoves / Refrigerators	1465		3,000		3,000	3,000	Complete
	Hot Water Heaters	1465		15,000		0	0	In Progress
	Non Dwelling Equip	1475		617		617	617	Complete
	Computers	1475		3,583		3,583	0	In Progress
				0		0	0	
	TOTALS			139,703		102,970	19,000.49	

7. Capital Fund Program Annual Statement/Performance

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: TROY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program No: Replacement Housing Factor No:				Federal FY of Grant: 2007	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
	<p><i>The Housing Authority will obligate all funds received under the Capital Fund Program within 18 months of such funds being made available in LOCCS and will expend all such funds within 36 months of their availability in LOCCS</i></p>						

7. Capital Fund Program Annual Statement/Performance

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary 2008					
PHA Name: Summary TROY HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No:		Federal FY of Grant:
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	27,000		0	0
4	1410 Administration	13,970		0	0
5	1411 Audit	0		0	0
6	1415 Liquidated Damages	0		0	0
7	1430 Fees and Costs	7,000		0	0
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	0		0	0
10	1460 Dwelling Structures	81,733		0	0
11	1465.1 Dwelling Equipment—Nonexpendable	10,000		0	0
12	1470 Nondwelling Structures	0		0	0
13	1475 Nondwelling Equipment	0		0	0
14	1485 Demolition	0		0	0
15	1490 Replacement Reserve	0		0	0
16	1492 Moving to Work Demonstration	0		0	0
17	1495.1 Relocation Costs	0		0	0
18	1499 Development Activities	0		0	0
19	1501 Collateralization or Debt Service	0		0	0
20	1502 Contingency	0		0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	139,703		0	0
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation				

7. Capital Fund Program Annual Statement/Performance

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: TROY HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2008		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	Operations	1406		0		0	0	
	Management Improvements	1408		27,000		0	0	
	Administration	1410		13,970		0	0	
	Fees	1430		7,000		0	0	
				0		0	0	
NC 043				0		0	0	
	Air Conditioners	1460		81,733		0	0	
	Stoves / Refrigerators/HW Heaters	1465		10,000		0	0	
	TOTALS			139,703		0	0	

7. Capital Fund Program Annual Statement/Performance

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part III: **Implementation Schedule**

PHA Name: Troy Housing Authority		Grant Type and Number Capital Fund Program No: Replacement Housing Factor No:					Federal FY of Grant: 2008
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
<p><i>The Housing Authority will obligate all funds received under the Capital Fund Program within 18 months of such funds being made available in LOCCS and will expend all such funds within 36 months of their availability in LOCCS</i></p>							

7. Capital Fund Program Annual Statement/Performance

Capital Fund Program Five-Year Action Plan					
Part I: Summary		TROY HOUSING AUTHORITY			
PHA Name		TROY HOUSING AUTHORITY		<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No:	
Development Number/Name/HA-Wide	Year 1 2008	Work Statement for Year 2 FFY Grant: PHA FY: 2009	Work Statement for Year 3 FFY Grant: PHA FY: 2010	Work Statement for Year 4 FFY Grant: PHA FY: 2011	Work Statement for Year 5 FFY Grant: PHA FY: 2012
	Annual Statement				
PHA Wide					
Operations		0	0	0	0
Management Imp		27,000	27,000	27,000	27,000
Administration		13,970	13,500	13,500	13,500
Fees – A/E		7,000	7,000	7,000	7,000
NC043		0	00	0	0
Cabinets		0	81,733	0	0
Air Conditioning		81,733	0	0	0
Bathtubs		0	0	81,733	81,733
Stoves / Refrigerators		10,000	10,000	10,000	10,000
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
CFP Funds Listed for 5-year planning		139,703	139,233	139,233	139,233

7. Capital Fund Program Annual Statement/Performance

Capital Fund Program Five-Year Action Plan						
Part II: Supporting Pages—Work Activities				TROY HOUSING AUTHORITY		
Activities for Year 1	Activities for Year : ____ FFY Grant: PHA FY: 2009			Activities for Year: ____ FFY Grant: PHA FY: 2010		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual	PHA Wide			PHA Wide		
Statement	Operations	1406	0	Operations	1406	0
	Management Improvements	1408	27,000	Management Improvements	1408	27,000
	Administration	1410	13,970	Administration	1410	13,970
	Fees – A/E	1430	7,000	Fees – A/E	1430	7,000
	NC043		0	NC043		0
	Cabinets	1460	0	Cabinets	1460	81,733
	Air Conditioning	1460	81,733	Air Conditioning	1460	0
	Bathtubs	1460	0	Bathtubs	1460	0
	Stoves / Refrigerators	1465	10,000	Stoves / Refrigerators	1465	10,000
	TOTALS		139,703	TOTALS		139,703
Total CFP Estimated Cost			\$			\$

7. Capital Fund Program Annual Statement/Performance

Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities			TROY HOUSING AUTHORITY		
Activities for Year : ____ FFY Grant: PHA FY: 2011			Activities for Year: ____ FFY Grant: PHA FY: 2012		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
PHA Wide			PHA Wide		
Operations	1406	0	Operations	1406	0
Management Improvements	1408	27,000	Management Improvements	1408	27,000
Administration	1410	13,970	Administration	1410	13,970
Fees – A/E	1430	7,000	Fees – A/E	1430	7,000
NC043		0	NC043		0
Cabinets	1460	0	Cabinets	1460	0
Air Conditioning	1460	0	Air Conditioning	1460	0
Bathtubs	1460	81,733	Bathtubs	1460	81,733
Stoves / Refrigerators	1465	10,000	Stoves / Refrigerators	1465	10,000
TOTALS		139,703	TOTALS		139,703
Total CFP Estimated Cost		\$			\$

7. Capital Fund Program Annual Statement/Performance

MT GILEAD

7. Capital Fund Program Annual Statement/Performance

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Mt. Gilead Housing Authority Summary			Grant Type and Number Capital Fund Program Grant No: NC19P04450105 Replacement Housing Factor Grant No:		Federal FY of Grant: 2005
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03 / 31 / 2008 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	9,142.00		9,142.00	9,142.00
3	1408 Management Improvements	4,571.00		4,571.00	4,571.00
4	1410 Administration	0		0	0
5	1411 Audit	0		0	0
6	1415 Liquidated Damages	0		0	0
7	1430 Fees and Costs	3,400		3,400	3,400
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	0		0	0
10	1460 Dwelling Structures	26,598		26,598	0
11	1465.1 Dwelling Equipment—Nonexpendable	2,000		2,000	298.64
12	1470 Nondwelling Structures	0		0	0
13	1475 Nondwelling Equipment	0		0	0
14	1485 Demolition	0		0	0
15	1490 Replacement Reserve	0		0	0
16	1492 Moving to Work Demonstration	0		0	0
17	1495.1 Relocation Costs	0		0	0
18	1499 Development Activities	0		0	0
19	1501 Collateralization or Debt Service	0		0	0
20	1502 Contingency	0		0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	45,711		45,711	17,411.64
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

7. Capital Fund Program Annual Statement/Performance

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

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[illegible]

7. Capital Fund Program Annual Statement/Performance

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Mt. Gilead Housing Authority Summary			Grant Type and Number Capital Fund Program Grant No: NC19PO04450106 Replacement Housing Factor Grant No:		Federal FY of Grant: 2006
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03 / 31 / 2008 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	8,086		8,086	8,086
4	1410 Administration	4,043		4,043	4,043
5	1411 Audit	0		0	0
6	1415 Liquidated Damages	0		0	0
7	1430 Fees and Costs	6,700		6,700	2,935.94
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	23,026		23,026	0
10	1460 Dwelling Structures	0		0	3,223.84
11	1465.1 Dwelling Equipment—Nonexpendable	2,000		2,000	541.89
12	1470 Nondwelling Structures	0		0	0
13	1475 Nondwelling Equipment	0		0	0
14	1485 Demolition	0		0	0
15	1490 Replacement Reserve	0		0	0
16	1492 Moving to Work Demonstration	0		0	0
17	1495.1 Relocation Costs	0		0	0
18	1499 Development Activities	0		0	0
19	1501 Collateralization or Debt Service	0		0	0
20	1502 Contingency	0		0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	43,855		43,855	18,830.67
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

7. Capital Fund Program Annual Statement/Performance

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: **Supporting Pages**

PHA Name: Mt. Gilead Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:				Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	Management Fee	1408		8,086		8,086	8,086	Complete
	Admin / Maintenance	1410		4,043		4,043	4,043	Complete
	Fees – A/E	1430		3,400		3,400	244.69	In Progress
	Fees - Consultant	1430		3,300		3,300	2,691.25	In Progress
NC 044	Cabinets	1460		19,802.16		19,802.16	0	In Progress
	Pavement/ and sidewalk replacement	1450		3,223.84		3,223.84	3,223.84	Complete
	Stoves/Refrigerators	1465		2,000		2,000	541.89	In Progress
	TOTALS			43,855		43,855	18,830.67	

[illegible]

8. Capital Fund Program Five-Year Action Plan

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary 2007					
PHA Name: Summary		Grant Type and Number Capital Fund Program Grant No: NC19P044501057			Federal FY of Grant:
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03 / 31 / 2008 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	9,360		9,360	3,744
4	1410 Administration	4,680		4,680	1,872
5	1411 Audit	0		0	0
6	1415 Liquidated Damages	0		0	0
7	1430 Fees and Costs	6,700		6,700	0
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	0		0	0
10	1460 Dwelling Structures	24,064		15,000	0
11	1465.1 Dwelling Equipment—Nonexpendable	2,000		0	0
12	1470 Nondwelling Structures	0		0	0
13	1475 Nondwelling Equipment	0		0	0
14	1485 Demolition	0		0	0
15	1490 Replacement Reserve	0		0	0
16	1492 Moving to Work Demonstration	0		0	0
17	1495.1 Relocation Costs	0		0	0
18	1499 Development Activities	0		0	0
19	1501 Collateralization or Debt Service	0		0	0
20	1502 Contingency	0		0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	46,804		35,740	5,616
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation				

8. Capital Fund Program Five-Year Action Plan

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: MT GILEAD HA		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:				Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	Management Improvements	1408		9,360		9,360	3,744	In Progress
	Administration	1410		4,680		4,680	1,872	In Progress
	Fee A / E	1430		3,400		3,400	0	In Progress
	Fees Consultant	1430		3,300		3,300	0	In Progress
				0		0	0	
NC044	Cabinets	1460		15,000		15,000	0	In Progress
	Tubs	1460		9,064		0	0	In Progress
	Stoves / Refrigerators	1465		2,000		0	0	In Progress
	TOTALS			46,804		35,740	5,616	

8. Capital Fund Program Five-Year Action Plan

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part III: Implementation Schedule

PHA Name MT GILEAD		Grant Type and Number Capital Fund Program No: Replacement Housing Factor No:				Federal FY of Grant: 2007	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
	<p><i>The Housing Authority will obligate all funds received under the Capital Fund Program within 18 months of such funds being made available in LOCCS and will expend all such funds within 36 months of their availability in LOCCS</i></p>						

8. Capital Fund Program Five-Year Action Plan

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary 2008					
PHA Name: Summary MT GILEAD		Grant Type and Number Capital Fund Program Grant No:			Federal FY of Grant:
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	9,360		0	0
4	1410 Administration	4,680		0	0
5	1411 Audit	0		0	0
6	1415 Liquidated Damages	0		0	0
7	1430 Fees and Costs	6,700		0	0
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	0		0	0
10	1460 Dwelling Structures	22,064		0	0
11	1465.1 Dwelling Equipment—Nonexpendable	4,000		0	0
12	1470 Nondwelling Structures	0		0	0
13	1475 Nondwelling Equipment	0		0	0
14	1485 Demolition	0		0	0
15	1490 Replacement Reserve	0		0	0
16	1492 Moving to Work Demonstration	0		0	0
17	1495.1 Relocation Costs	0		0	0
18	1499 Development Activities	0		0	0
19	1501 Collateralization or Debt Service	0		0	0
20	1502 Contingency	46,804		0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)				
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation				

8. Capital Fund Program Five-Year Action Plan

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: MT GILEAD HA		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:				Federal FY of Grant: 2008		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	Management Improvements	1408		9,360		0	0	
	Administration	1410		4,680		0	0	
	Fee A / E	1430		3,400		0	0	
	Fees Consultant	1430		3,300		0	0	
				0		0	0	
NC044	NC044			0		0	0	
	Tubs	1460		22,064		0	0	
				0		00	0	
	Stoves / Refrigerators	1465		4,000		0	0	
	TOTALS			46,804		0	0	

8. Capital Fund Program Five-Year Action Plan

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name MT GILEAD		Grant Type and Number Capital Fund Program No: Replacement Housing Factor No:				Federal FY of Grant: 2008	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
	<p><i>The Housing Authority will obligate all funds received under the Capital Fund Program within 18 months of such funds being made available in LOCCS and will expend all such funds within 36 months of their availability in LOCCS</i></p>						

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan					
Part I: Summary		MT GILEAD HOUSING AUTHORITY			
PHA Name		MT GILEAD HOUSING AUTHORITY		<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No:	
Development Number/Name/ HA-Wide	Year 1 2008	Work Statement for Year 2 FFY Grant: PHA FY: 2009	Work Statement for Year 3 FFY Grant: PHA FY: 2010	Work Statement for Year 4 FFY Grant: PHA FY: 2011	Work Statement for Year 5 FFY Grant: PHA FY: 2012
	Annual Statement				
PHA Wide					
Management Imp		9,360	9,360	9,360	9,360
Admin.		4,680	4,680	4,680	4,680
Fees - A/E & Consultant		6,700	6,700	6,700	6,700
NC044		0	0	0	0
Floor Tiles		22,064	0	0	0
Roof Replacement		0	22,064	22,064	22,064
		0	0	0	0
		0	0	0	0
Stoves / Refrigerators		4,000	4,000	4,000	4,000
CFP Funds Listed for 5-year planning		46,804	46,804	46,804	46,804

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan						
Part II: Supporting Pages —Work Activities				MT GILEAD HOUSING AUTHORITY		
Activities for Year 1	Activities for Year : ____ FFY Grant: PHA FY: 2009			Activities for Year: ____ FFY Grant: PHA FY: 2010		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	PHA Wide			PHA Wide		
Annual	Management Improvements	1408	9,360	Management Improvements	1408	9,360
Statement	Administration	1410	4,680	Administration	1410	4,680
	Fees – A/E	1430	3,400	Fees – A/E	1430	3,400
	Fees – Consultant	1430	3,300	Fees – Consultant	1430	3,300
	NC044		0	NC044		0
	Floor Tiles	1460	22,064	Floor Tiles	1460	0
	Roof Replacement	1460	0	Roof Replacement	1460	22,064
	Stoves / Refrigerators	1465	4,000	Stoves / Refrigerators	1465	4,000
	TOTALS		46,804	TOTALS		46,804
Total CFP Estimated Cost			\$			\$

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan Part II: Supporting Pages —Work Activities			MT GILEAD HOUSING AUTHORITY		
Activities for Year : ____ FFY Grant: PHA FY: 2011			Activities for Year: ____ FFY Grant: PHA FY: 2012		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
PHA Wide			PHA Wide		
Management Improv	1408	9,360	Management Impr	1408	9,360
Administration	1410	4,680	Administration	1410	4,680
Fees – A/E	1430	3,400	Fees – A/E	1430	3,400
Fees – Consultant	1430	3,300	Fees – Consultant	1430	3,300
NC044		0	NC044		0
Floor Tiles	1460	0	Floor Tiles	1460	0
Roof Replacement	1460	22,064	Roof Replacement	1460	22,064
Stoves / Refrigerators	1465	4,000	Stoves / Refrigerators	1465	4,000
TOTALS		46,804	TOTALS		46,804
Total CFP Estimated Cost		\$			\$